ACORD, CERTIFICATE OF LIABILITY INSURANCE				
ABC Producer 1234 Street	THIS CERTIFICATE IS ISSI ONLY AND CONFERS NO HOLDER. THIS CERTIFICA ALTER THE COVERAGE A	D RIGHTS UPON THE TE DOES NOT AMEND	CERTIFICATE , EXTEND OR	
Any City, State 87654	INSURERS AFFORDING COV	ERAGE	NAIC#	
Maureo	INSURERA: Provide FULL	name of compan		
Any Vendor INSURERB: Company must be rated A- or				
6543 Any Street	INSURERC: better by A.		i ng	
Any City, State 87654		icensed in the	7.1	
COVERAGES	INSURERE: State of Cal	itornia	İ	
THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES, AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.				
	OLICY EFFECTIVE POLICY EXPIRATION DATE (MM/DD/YY) DATE (MM/DD/YY)	LIMITS		
GENERAL LIABILITY		EACH OCCURRENCE S DAMAGE TO RENTED		
COMMERCIAL GENERAL LIABILITY CLAIMS MADE OCCUR		PREMISES (Ex occurence) \$ MED EXP (Any one person) \$		
	<u>nmin</u>	RSONAL & ADV INJURY S		
GEN'L AGGREGATE LIMIT APPLIES PER:		GENERAL AGGREGATE S		
GEN'L AGGREGATE LIMIT APPLIES PER:		CODUCTS - COMP/OP AGG \$		
POLICY PRO- LOC AUTOMOBILE LIABILITY		COMBINED SINGLE LIMIT (Ea gooddent)		
ALL OWNED AUTOS SCHEDULED AUTOS		BODILY INJURY (Per person) \$		
HIRED AUTOS NON-OWNED AUTOS		BODILY INJURY (Per accident) \$		
10		PROPERTY DAMAGE (Per accident) \$	######################################	
GARAGE LIABILITY		AUTO ONLY - EA ACCIDENT \$	*	
ANY AUTO		OTHERTHAN EAACC \$ AUTO ONLY: AGG \$		
EXCESSIUMBRELLA LIABILITY		EACH OCCURRENCE \$		
OCCUR CLAIMS MADE		AGGREGATE \$		
DEDUCTIBLE		s		
RETENTION \$		WCSTATU- TOTH-1		
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY		TORYLIMITS ER		
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?		ELL EACH ACCIDENT \$ ELL DISEASE - EA EMPLOYEE \$		
If yes, describe under SPECIAL PROVISIONS below		. DISEASE - POLICY LIMIT \$	······································	
OTHER OTHER	TUIE			
DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS THE CITY OF SAN DIEGO IS NAMED AS AN ADDITIONAL INSURED ON GENERAL LIABILITY AND AUTO				
LIABILITY: THE WORKERS COMPENSATION INCLUDES AMMAIVER OF SUBROGATION OF RIGHTS AGAINST THE CITY				
OF SAN DIEGO PER THE ATTACHED FORM. THIS CERTIFICATE APPLIES TO: ALE OPERATIONS OR BID NO. OR JOB DESCRIPTION				
CERTIFICATE HOLDER CANCELLATION				
Carry (Vert & Debetor)	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION			
CITY OF SAN DIEGO	DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN			
PURCHASIG & CONTRACTING DEPARTMENT	1	NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL		
1200 THIRD AVENUE, SUITE 200	IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR			
SAN DIEGO, CA 92101-4195	REPRESENTATIVES.			
The terminate of the te	AUTHORIZED REPRESENTATIVE			
1				